



**SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING**  
1400 'E' STREET, MS-735, SAN DIEGO, CA 92101  
(619) 531-2250



**PEEP BOOTHS**

San Diego Municipal Code, Section 33.0101(c), states you must have a valid police permit to operate a business designated as police regulated. You are responsible for being familiar with and complying with the rules and regulations related to Peep Show establishments. Copies of the Peep Show Establishment Ordinance and General Divisions for police regulated activities may be obtained from the City Clerk's office located at 202 C Street, 2<sup>nd</sup> Floor, Ph. # (619) 533-4000 or via the City's website: [www.sanet.gov/](http://www.sanet.gov/) (Department, City Clerk, Documents, Municipal Code), SDMC Chapter 3, Article 3, Division 33 and Divisions 1-5. **NEW APPLICATIONS MUST BE SUBMITTED IN PERSON. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

The granting of a police permit does not relieve the applicant from obtaining all appropriate approvals required by the City of San Diego, or state or federal law. The granting of a permit does not relieve a permittee from the permittee's obligation to comply with all applicable local, state, and federal laws, including those related to building, zoning, fire, and other public safety regulations. The granting of a police permit does not vest any development rights in the property or business (SDMC 33.0309). In order to legally operate your business and to establish that your business location is suitable, it is suggested that you first obtain the following:

- **BUSINESS TAX CERTIFICATE** can be obtained from the San Diego City Treasurer's office, 1200 Third Avenue (1st Floor), San Diego, CA 92101 - Phone (619) 615-1500.
- **ZONING APPROVAL** can be obtained from the City of San Diego Development Services, 1222 First Avenue (3<sup>rd</sup> Floor), San Diego, CA 92101 - Phone (619) 446-5000.
- **FIRE MARSHAL APPROVAL** can be obtained from San Diego Fire and Life Services, 1010 Second Avenue (3<sup>rd</sup> Floor), San Diego, CA 92101 - Phone (619) 533-4400.

**PLEASE PROVIDE ALL OF THE FOLLOWING WHEN APPLYING FOR THE POLICE PERMIT:**

- **POLICE PERMIT APPLICATION and BUSINESS ADDENDUM** - Each corporate officer or partner is deemed an applicant and must provide an application. An applicant who is a corporation or partnership shall designate one of its officers or general partners to act as its responsible managing officer. The responsible managing officer may complete, sign, and submit all applications on behalf of the corporate officers and partners. A criminal records check will be made on each applicant. A 30-day investigation period begins at the time the complete application is submitted.
- **INVESTIGATION FEE** - Cash, check, cashier's check or money order for a **non-refundable** application fee of \$104.00 per applicant, payable to **CITY TREASURER**.
- **REGULATORY FEE** - Cash, check, cashier's check or money order for a regulatory fee of \$200.00 per peep booth must be submitted along with your application payable to **CITY TREASURER**. This fee will be deposited upon approval. This fee is paid annually.
- **LIVE SCAN FINGERPRINTS** are required for all new applicants. Fill out the attached "Request for Live Scan Service" form and bring it with you to the Live Scan agency. (See attached list of locations.) The completed "Request for Live Scan Service" form is valid for only thirty (30) from the date your fingerprints were taken. After thirty (30) days you will be required to re-do your Live Scan fingerprints.
- **PHOTOGRAPHS** - Photographs will be taken at the time of application in the Police Permits and Licensing office. Our fee for photographs is \$15.00. (Please make check, cashier's check or money order payable to **CITY TREASURER**.)
- **IDENTIFICATION** - Valid government issued picture identification card (driver's license or military ID).
- **Limited Partnership** - A copy of the limited partnership's certificate as filed with the County Clerk (if applicable).
- **Lease** - A copy of your lease or rental agreement for the property where the business is to be conducted.
- A copy of the **Articles of Incorporation** from the State of California must be submitted if a corporation is applying.



# SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING

1400 'E' STREET, MS-735, SAN DIEGO, CA 92101

Telephone No.: (619) 531-2250



## APPLICATION

TYPE OF PERMIT: \_\_\_\_\_

☐ Owner ☐ Employee ☐ Partner ☐ Corporate Officer ☐ LLC

Date of Birth: \_\_\_\_\_ Driver's License/ID #: \_\_\_\_\_ State: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

Other Names Used: (Maiden, Alias, Etc.) \_\_\_\_\_ Stage Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Res. Ph. ( ) \_\_\_\_\_ Bus. Ph. ( ) \_\_\_\_\_ Cell Ph. ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Internet Web Site Address/Auction Site User Name: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

### Business Where Applicant Expects to be Employed:

Business Name: \_\_\_\_\_ D.B.A.: \_\_\_\_\_

Business Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

### 1. List previous residence addresses for the last five (5) years:

	Complete Addresses last five years	Year Date From	Year Date To
1			
2			
3			
4			
5			

### FOR OFFICE USE ONLY

App. Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Received by: \_\_\_\_\_ ☐ Live Scan Rec: \_\_\_\_\_

Records Check: \_\_\_\_\_  
Initials/ID #

☐ RI01 ok or \_\_\_\_\_

Approving PCCO: \_\_\_\_\_ Date: \_\_\_\_\_

2. List previous occupations, places of employment and/or schooling for the last five (5) years.

1	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
2	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
3	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
4	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
5	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO

3. List similar permits or licenses issued by any agency or board, or any city, county, state or federal agency in the past five (5) years. **IF NONE, INITIAL HERE:** \_\_\_\_\_

	TYPE OF LICENSE	LICENSE NUMBER	DATES HELD	CITY AND STATE
1.				
2.				
3.				

4. Have you ever had any permit or license issued by any agency or board, or any city, county, state or federal agency suspended or revoked? Yes ( ) No ( )

If yes, please complete below:

	CITY/STATE	DATE OF SUSPENSION OR REVOCATION	REASON
1.			
2.			
3.			

5. List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of *nolo contendere*. Expunged convictions must be listed per California Penal Code section 1203.4(a).

**IF NONE, INITIAL HERE:** \_\_\_\_\_

	CHARGE	DATE CONVICTED	LOCATION OF COURT
1			
2			
3			
4			
5			
6			

**APPLICANTS:** The right of reasonable inspection shall be a condition for issuance of a police permit. If a permit is issued, representatives of the police department shall have access to the business premises during normal business hours, which may include entry into the non-public portion of the business.

It is the responsibility of the permit holder to renew the permit no later than ten (10) calendar days after the expiration date on the permit. Failure to renew on time will result in penalty fee of \$25.00 plus 10% of the regulatory fee. If a renewal is not completed with all fees and penalties paid within thirty (30) days after the permit expiration date, the permit expires and business operations, occupations, or activities allowed by the permit must cease. A permittee must then begin the application process as a new applicant (Section 33.0308 of the San Diego Municipal Code).

I declare under penalty of perjury that the statements made on this application, including accompanying documents, are true, complete and correct to the best of my knowledge and belief. I understand that any false statements or information are grounds for denial of this application or loss of licensure and that I may be subject to prosecution per section 11.0401(b) of the San Diego Municipal Code.

**I AM AWARE THAT THE INVESTIGATION FEE IS NON-REFUNDABLE. I AM AWARE THAT I AM RESPONSIBLE FOR BEING FAMILIAR WITH AND COMPLYING WITH THE RULES AND REGULATIONS RELATED TO THE POLICE REGULATED BUSINESS OR OCCUPATION FOR WHICH I AM APPLYING. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM OBTAINING PERMITS OR APPROVALS REQUIRED BY THE CITY OF SAN DIEGO OR STATE OR FEDERAL LAW. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM COMPLYING WITH ALL APPLICABLE LOCAL, STATE, AND FEDERAL LAWS, INCLUDING THOSE RELATED TO BUILDING, ZONING, AND FIRE, AND OTHER PUBLIC SAFETY REGULATIONS. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT VEST ANY DEVELOPMENT RIGHTS IN THE PROPERTY OR BUSINESS.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE OF APPLICATION

**PLEASE BE ADVISED THE INFORMATION YOU PROVIDE ON YOUR APPLICATION MAY BE SUBJECT TO PUBLIC DISCLOSURE PER THE CALIFORNIA PUBLIC RECORDS ACT.**

## Live Scan Fingerprint Information

### **Municipal Code §33.0304 - Applicant and Employees to Furnish Fingerprints and Photographs**

For the purpose of investigation and for regulation of the occupation or business during the time it is licensed, applicants, *responsible persons*, managers, or *employees* may be required to furnish their fingerprints and photographs. *Fingerprints must be taken by a governmental agency.* The *Chief of Police* shall forward the fingerprints to the Identification Division of the State of California, Department of Justice, or the Federal Bureau of Investigation, for identity confirmation and criminal histories.

The following are acceptable US Governmental Agencies located in San Diego County:

#### CHULA VISTA

Chula Vista Police Department  
315 Fourth Street  
Chula Vista, CA 92010  
(619) 409-5954  
M - F (8am-12pm) **Appointments Only**  
M - F (1pm-4pm) **Appointments Only**  
[www.chulavistapd.org](http://www.chulavistapd.org)

#### LA JOLLA

UCSD Police Department  
9500 Gilman Dr #0017  
La Jolla, CA 92093  
(858) 534-4361 **Appointments Only**  
M - F 9am-3pm

#### SAN DIEGO

San Diego City Schools Police Services/EOC Bldg  
4100 Normal St  
San Diego, CA 92103-2682  
(619) 725-7015 **Appointments**  
(619) 725-7014 (Information)  
T - F (8:30am-1pm) **Walk In**  
T - F (2pm-4pm) **Appointments Only**  
Not open to general public on Monday's  
Closed School Holidays

#### SAN DIEGO - LSID X54/MLI

San Diego Community College Police  
1536 Frazee Road, 1st Floor  
San Diego, CA 92108  
Contact: (619) 388-6416  
M-Th (7:30am-5pm) **Wlk**  
F (7:30am-12 noon) **Wlk**  
E-mail address: [dpicou@sdcc.edu](mailto:dpicou@sdcc.edu)

#### ESCONDIDO

Escondido Police Department  
700 W Grand Ave  
Escondido, CA 92025  
Contact: (760) 839-4431  
M - F (9:00am-3:30pm) **Appointments Only**

#### LA MESA

La Mesa Police Department (Storefront)  
6119 Lake Murray Blvd  
La Mesa, CA 91942  
(619) 667-1342  
M, T, W (10am-4pm) **Appointments/Walk In**  
Th, F (9am-3pm) **Appointments/Walk In**

#### SAN DIEGO

San Diego State University  
5500 Campanile Dr  
SSE-1410  
San Diego, CA 92182  
(619) 594-3193  
M - F (8am-4pm) **Appointments Only**

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

**Applicant Submission**ORI: CA 0371100 Type of Application: Permits and Licensing

Code assigned by DOJ

Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:

San Diego Police Department

Agency authorized to receive criminal history information

08228

Mail Code (five-digit code assigned by DOJ)

P.O. Box 121431 - MS 735

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

San DiegoCA92112-1431( 619- ) 531-2250

City

State

Zip Code

Contact Telephone No.

Name of Applicant:

(Please print)

Last

First

MI

Alias:

Last

First

Driver's License No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: ☐ Male ☐ Female

Misc. No. BIL -

Applicant to pay

Agency Billing Number

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Misc. Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Street No.

Street or PO Box

Place of Birth: \_\_\_\_\_

City, State and Zip Code

Social Security Number: \_\_\_\_\_

Your Number: \_\_\_\_\_

OCA No. (Agency Identifying No.)

Level of Service: ☒ DOJ

If resubmission, list Original ATI

Number: \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

Not Applicable

Employer Name

Street No.

Street or PO Box

Mail Code (five digit code assigned by DOJ)

City

State

Zip Code

( )

Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_

Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed